

# Working Together to Ensure Healthier Families

Nurse-Family Partnership Overview

North Idaho 2011



## Nurse-Family Partnership is...

- An evidence-based, community health program
- Transforming lives of vulnerable first-time mothers living in poverty
- Improving prenatal care, quality of parenting and life prospects for mothers by partnering them with a registered nurse

Every dollar invested in Nurse-Family Partnership can yield  
**up to five dollars in return.**

"There is a magic window during pregnancy...it's a time when the desire to be a good mother and raise a healthy, happy child creates motivation to overcome incredible obstacles including poverty, instability or abuse with the help of a well-trained nurse."

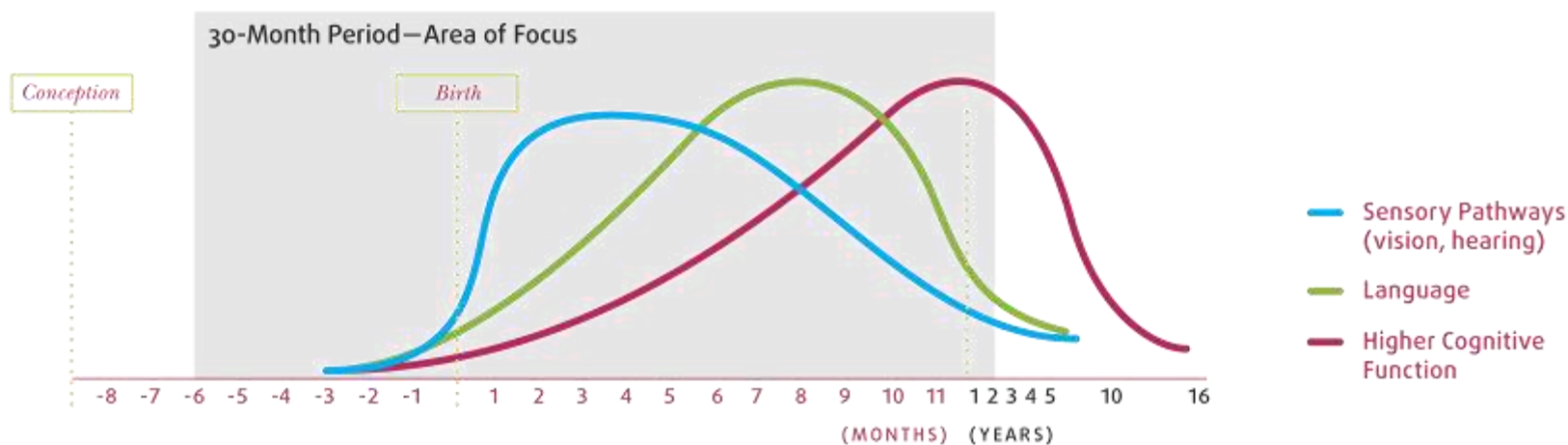
David Olds, PhD, Founder,  
Nurse-Family Partnership





## Human Brain Development

Synapse formation dependent on early experiences



Source: Nelson, C.A., *From Neurons to Neighborhoods* (2000).  
Shonkoff, J. & Phillips, D. (Eds.)





## Program Goals

- Improve pregnancy outcomes
- Improve child health and development
- Improve parents' economic self-sufficiency

## Key Program Components

- First-time, at-risk mothers
- Registered nurses
- Intensive services (intensity, duration)
- Focus on behavior
- Program fidelity (Clinical Information System)

## Why Nurses?

- Knowledge, judgment and skills
- High level of trust, low stigma
- Credibility and perceived authority
- Nursing theory and practice at core of original model

## Trials of the Program

*Dr. Olds' research & development of NFP continues today...*



**1977**

Elmira, NY

Participants: **400**

Population: **Low-income whites**

Studied: **Semi-rural area**



**1988**

Memphis, TN

Participants: **1,139**

Population: **Low-income blacks**

Studied: **Urban area**



**1994**

Denver, CO

Participants: **735**

Population: **Large portion of Hispanics**

Studied: **Nurse and paraprofessionals**

"The great thing about Nurse-Family Partnership is that it works. To put it simply...it decreases about everything you want to decrease and increases about everything you'd want it to increase."

Dr. Thomas R. Frieden, former New York City Health Commissioner (now Director, CDC, and Administrator, Agency for Toxic Substances and Disease Registry)

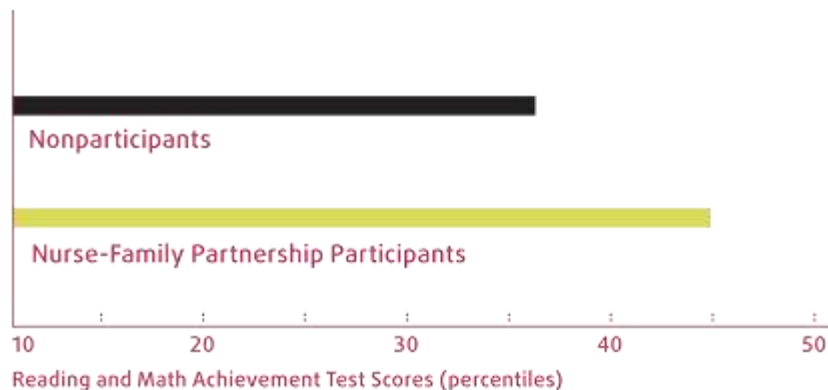






## Academic Achievement

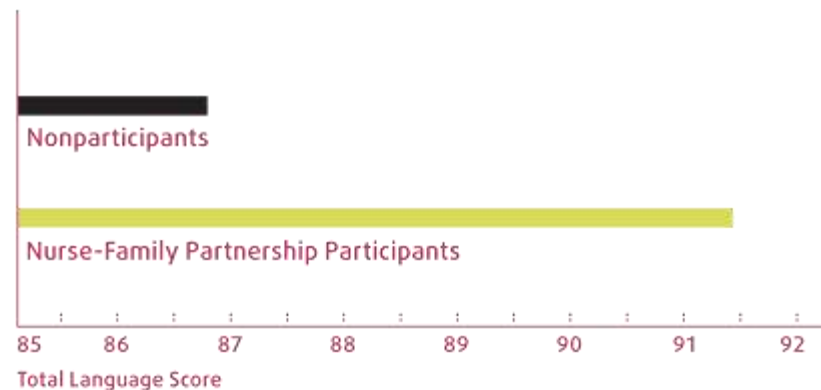
Grades 1–3, Age 9—Memphis  
(Born to low-resource mothers)



Source: Reproduced with permission from *Pediatrics*, Vol. 120, e838,  
Copyright © 2007 by the AAP.

## Preschool Language Scale

Age 4—Denver  
(Born to low-resource mothers)



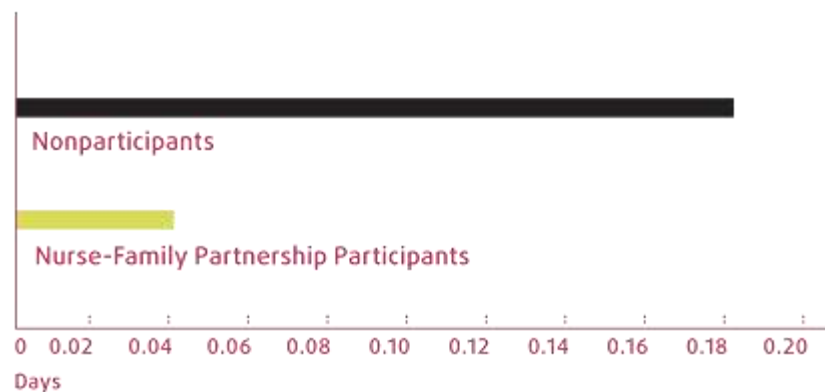
Source: Reproduced with permission from *Pediatrics*, Vol. 114, 1565,  
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## Days Hospitalized for Injuries

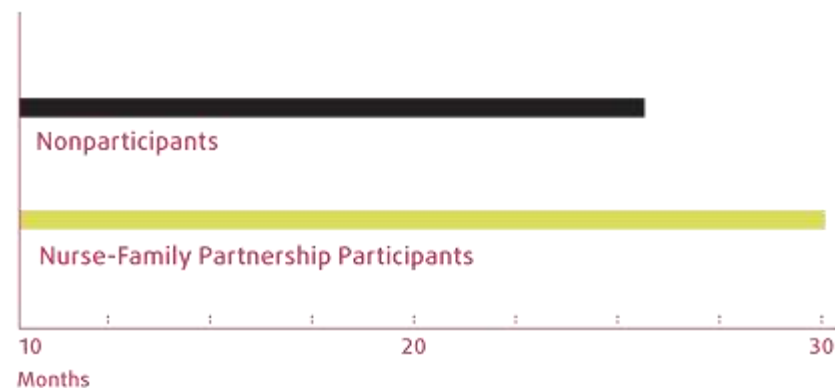
Birth to age 2—Memphis



Source: *JAMA*, 1997, Vol. 278, 650, Copyright © 1997, American Medical Association. All rights reserved.

## Months Between Births

Between first and second child  
(by first child's fifth birthday)—Memphis



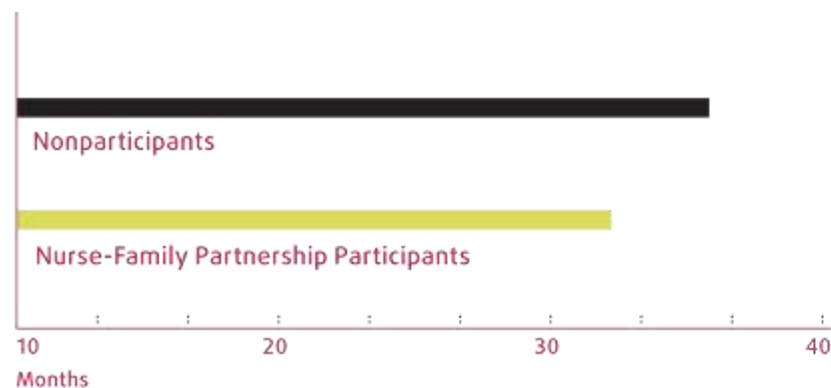
Source: *JAMA*, 2000, Vol. 283, 1987, Copyright © 2000, American Medical Association. All rights reserved.





### Months Receiving Welfare Assistance (AFDC)

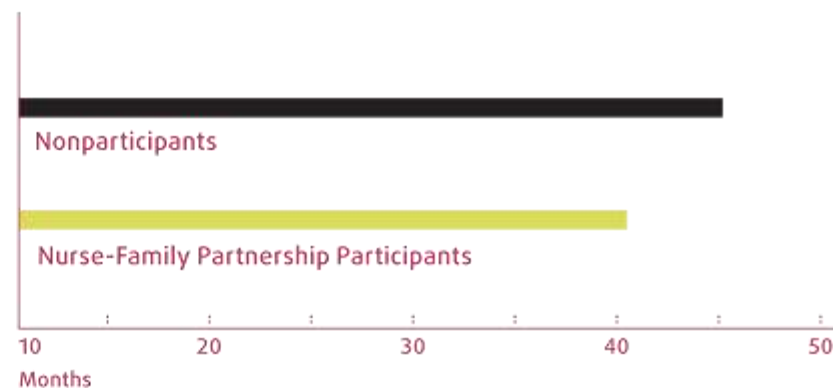
Birth through age 5—Memphis



Source: JAMA, 2000, Vol. 283, 1987, Copyright © 2000, American Medical Association. All rights reserved.

### Months Receiving Food Stamps

Birth through age 5—Memphis



Source: JAMA, 2000, Vol. 283, 1987, Copyright © 2000, American Medical Association. All rights reserved.

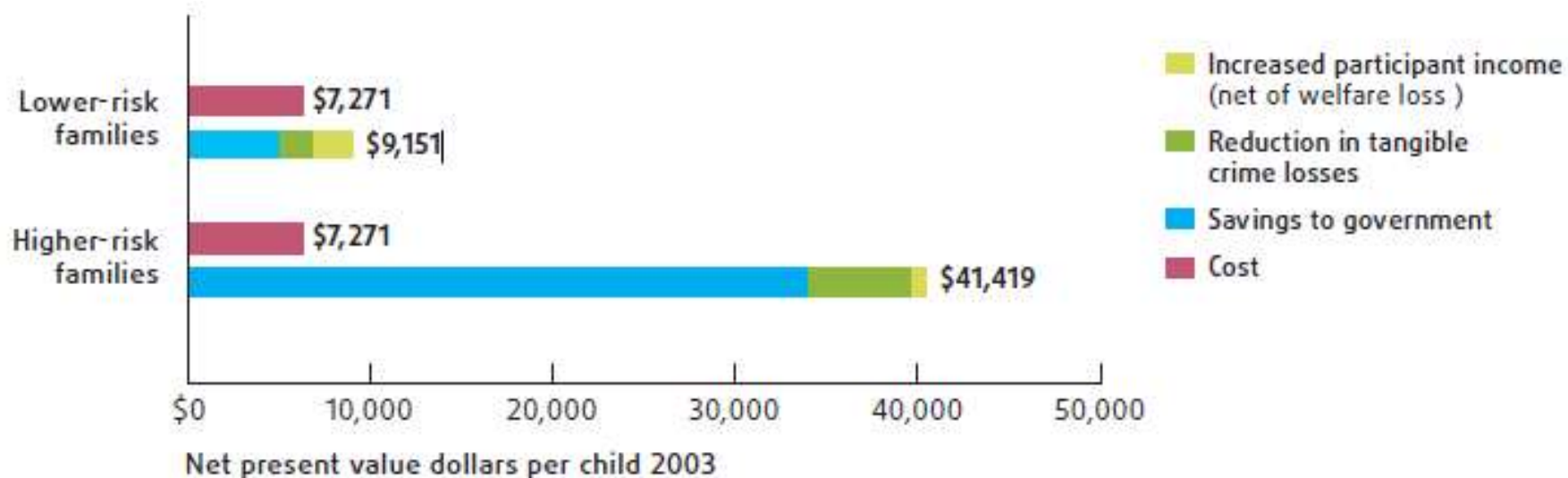
"If communities are truly interested in making sound investments that will yield high public and private gains in both the long and short run, they would fare far better by investing in evidence-based, early child development initiatives like Nurse-Family Partnership than in professional sports stadiums or office towers."

Rob Grunewald,  
Associate Economist, Federal  
Reserve Bank of Minneapolis





## Monetary Savings



Source: 2005 RAND Corporation Study





## Nurse-Family Partnership is Cost-Effective

- The RAND Corporation estimates Nurse-Family Partnership can return up to \$5.70 for each \$1 spent on the program.\*

Savings accrue to government from **decreased spending** on:

health care

criminal justice

child protection

mental health

education

public assistance

And **increased taxes** paid by employed parents

- Nurse-Family Partnership returns more than \$18,000 over and above program costs for each family enrolled.\*\* (*Washington State Institute for Public Policy 2008*)

\* RAND Corporation 1998, 2005; return for highest risk families

\*\* Savings related to low birth weight, child injuries and immunizations not included



## Anticipated program effects per 100 participating families

- 50% decrease in language delays at 21 months resulting in a **savings of \$133,000-\$440,000\***
- 50% reduction in child abuse and neglect among children from birth to two years, resulting in a **savings of \$38,500\***
- 29% reduction in subsequent births within two years after the birth of the first child and a 14% increase in time between first and second births, reducing risk of premature delivery and **saving \$80,933 for every premature birth that was prevented\***

\*Source: New York City Department of Health and Mental Hygiene 2004

"This program saves money. It raises healthy babies and creates better parents. It reduced childhood injuries and unintended pregnancies, increased father involvement and women's employment, reduced use of welfare and food stamps, and increased children's school readiness."

Barack Obama, U.S. Senator  
(now President)







## Characteristics of Nurse-Family Partnership Implementing Agencies

- Strong reputation
- Excellent working relationships
- Committed
- Flexible and supportive of nursing staff
- Financially stable
- Effective
- Mission driven
- Focused on success





## Sources of Nurse-Family Partnership Funding

- Medicaid
- TANF/Public Welfare
- Title V/Maternal and Child Health Initiatives
- Child Abuse Prevention
- Juvenile Justice/Delinquency Prevention
- Substance Abuse and Mental Health
- Tobacco Settlement
- United Way
- State, City and County General Funds
- Private Philanthropy
- School Readiness
- Maternal, Infant and Early Childhood Home Visiting Program (federal)

## Home Visit Overview

### Personal Health

Health Maintenance Practices  
Nutrition and Exercise  
Substance Use  
Mental Health Functioning

### Environmental Health

Home  
Work, School, and  
Neighborhood

### Life Course Development

Family Planning  
Education and Livelihood

### Maternal Role

Mothering Role  
Physical Care  
Behavioral and Emotional  
Care

### Family and Friends

Personal network  
Relationships  
Assistance with Childcare

### Health and Human Services

Service Utilization

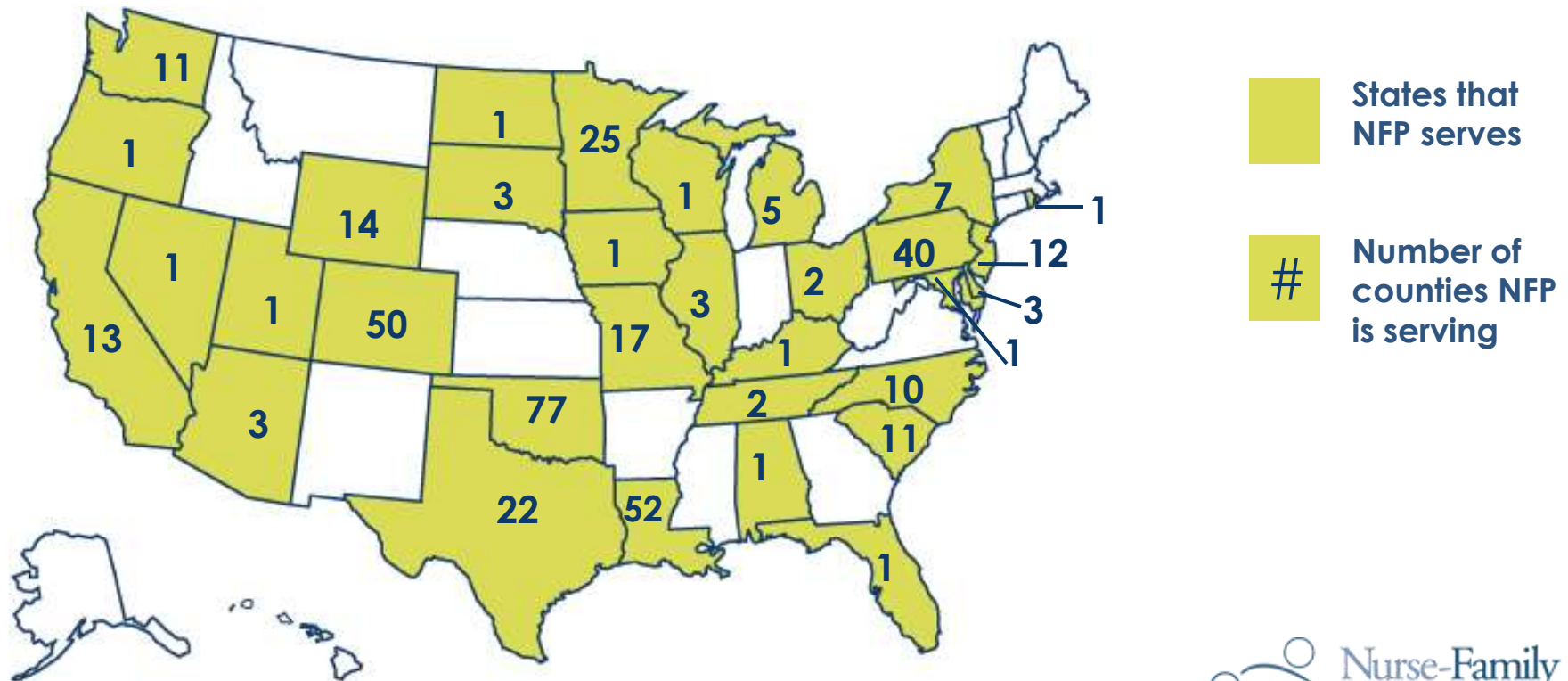


## The National Service Office

- Prepares communities and agencies to implement Nurse-Family Partnership model with fidelity
- Educates nurse home visitors and nurse supervisors
- Provides ongoing clinical support
- Provides ongoing agency management and operations support
- Advocates for local political support and long-term resources
- Provides resources/training for marketing and community outreach
- Collects and evaluates data to ensure quality services and to guide quality improvement



## Nurse-Family Partnership is a growing, national program







## Typical Implementation

- 4 or 8 nurse team
- A full-time supervisor ideally
- Maximum caseload per nurse of 25 families
- Nurses at least 0.5 FTE NFP, ideally full-time
- Weekly 1:1 reflective supervision
- Bi-weekly case conferences
- Bi-weekly team meetings
- Monthly supervisor calls with Nurse Consultant
- Cost averages \$5,000 per family per year



## Implementation Variation

- 2 or 3 nurse teams with a 0.5 FTE supervisor in rural areas
- Multi-county collaboratives (2 to 12 counties)
- Remote nurses linked to a larger team
- KEY POINTS TO KEEP IN MIND:
  - Support for nurses and sense of being part of a team
  - Fidelity to the model
  - Research is limited on variations



**"If there is any hope that Congress' new health care bill will put some restraints around the growth in medical costs, it rests in the part of the proposal that calls for rewarding programs that reshape how medicine gets practiced...the Administration has the chance to invest in one such program – the Nurse-Family Partnership – when it starts giving out \$1.5 billion in home health care grants..." 5.25.10**



**" We're all better off if we make the investment upfront. I would rather see us be involved early and have it be an educational situation, as opposed to no involvement and then become part of the criminal justice system."**

*Patrick Perez, sheriff of Kane County, IL and member of Fight Crime: Invest in Kids 4.14.10*

# TIME

**"If you want to invest societal resources where they will have the biggest benefit for all of us, clearly the evidence is there now that protecting children from the worst kinds of deprivation in their youngest years will result in more functional, capable, prosocial citizens."**

*Martha Farah, director of the Center for Cognitive Neuroscience at the University of PA 3.2.09*

## THE NEW YORKER

**"Infant development strategies, like other forms of social capital, are perversely distributed in America - fetishized in places where babies are fundamentally secure and likely to prosper, undervalued in places where babies are not. The NFP aims, in a fashion, at equalization."**

*Katherine Boo 2.6.06*

**Full coverage: [www.nursefamilypartnership.org](http://www.nursefamilypartnership.org) > About > News**

# Nurse-Family Partnership is Endorsed as a Model Program by

Coalition for Evidence-Based Policy

A Project Sponsored by



Washington State  
Institute for  
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World Health  
Organization



Office of Juvenile  
Justice & Delinquency  
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PARTNERSHIP FOR AMERICA'S  
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National Institute on  
Early Education  
Research





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